

RECEIVED  
CENTRAL FAX CENTER

NOV 03 2005

**Roberts, Mlotkowski & Hobbes**

8270 Greensboro Drive

Suite 850

McLean, VA, 22102

Telephone: (703) 584-3270

Facsimile: (703) 848-2981

www.rmhlaw.com

**FACSIMILE**

TO: Commissioner for Patents

FROM: Lori F. Cuomo

FAX NO.: 571-273-8300

RE: Revocation of Power of Attorney  
With New Power of Attorney and  
Change of Correspondence Address  
For DWIGHT KINZER

# of PAGES: 1 plus cover page

DATE: November 3, 2005

MESSAGE: Please record the attached Revocation of Power of Attorney  
with New Power of Attorney and Change of Correspondence  
Address form.

**CONFIDENTIALITY NOTICE:**

This facsimile message and accompanying documents are intended only for use of the addressee indicated above, and may contain information that is privileged or otherwise confidential under applicable laws. If this transmission has reached you in error, please immediately contact the sender by telephone or facsimile at the numbers listed above and return the original to us by mail. Any copying, distributing, or other use or disclosure of this information by anyone other than the above-named recipient is strictly prohibited. Thank You.

NOV 03 2005

PTO/55/01 (04-03)

Approved for use through 11/03/2005, OMB 0551-0005  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/801458 101801458
Filing Date	03/15/2004
First Named Inventor	Dwight Eric Kitzner
Title	In Situ Processing of Hydrocarbon
Art Unit	3742
Examiner Name	Van, Ching T.
Attorney Docket Number	KINZ-003

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

25670

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

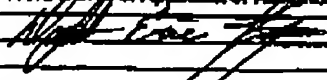
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Dwight Eric Kitzner		
Address	413 28th Ave N		
City	Fargo	State	ND
Country	US	Zip	58102-1508
Telephone	701-356-0754	Email	process@rmh.com

I am the:

☒ Applicant/Inventor,☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/55/03)**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	03 Nov 2005
Name	Dwight Eric Kitzner	Telephone	701-356-0754
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.21, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to be paid by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22315-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22315-1480.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.